

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035047

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

654

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

12 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Boone County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Boone

c. CITY OR TOWN

Columbia

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route 5

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Ada

Middle
Beatrice

Last
Beck

4. DATE OF DEATH

Month

Day

Year

9

26

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/7/1910

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

10b. KIND OF BUSINESS OR INDUSTRY

Clothing

11. BIRTHPLACE (City and state or country)

Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William L. Ray

13b. MOTHER'S MAIDEN NAME

Mattie Wyatt

14. NAME OF HUSBAND OR WIFE

Eugene Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Eugene Beck Columbia, Mo. Rt. 5

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subarachnoid hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

10 HRS.

DUE TO (b)

Cerebral contusion

10 HRS.

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)

Fall down cellar steps

20c. TIME OF INJURY
Hour s.m. p.m.

5:26 p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

R.R. 5

COUNTY

Boone

STATE

Mo.

21. I attended the deceased from 9-26-63 (12 noon) 6:26-63 and last saw her alive on 9-26-63
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

A. E. Windmiller, M.D.

(Degree or title)

22b. ADDRESS

502 E Broadway Columbia Mo.

22c. DATE SIGNED

27 Sept 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/29/1963

23c. NAME OF CEMETERY OR CREMATORY

Columbia Cemetery

23d. LOCATION (City, town, or county)

Columbia, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 27 1963

26. REGISTRAR'S SIGNATURE

Mrs R E Palmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard A. Reeves

Licensed Embalmer No.

5109

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.